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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To: Examiner N. Moazzami
Group Art Unit 2187, USPTO

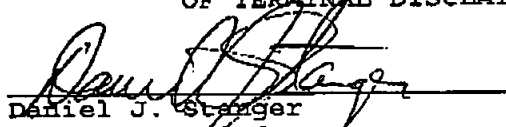
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 10/828,283
Attorney Docket No.: NIT-316-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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Daniel J. Stanger
Reg. No. 32,846

November 29, 2004

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FORM PTO-1083

PATENT

Case Docket No. NIT-316-02

In RE application of K. SOEJIMA ET AL.

Serial No.: 10/828,283

Group Art Unit: 2187

Filed: April 21, 2004

Examiner: N. MOAZZAMI

For: VOLUME MANAGEMENT METHOD AND APPARATUS

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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 14	Minus	** 14	=	0
Indep.	* 6	Minus	*** 6	=	0

☐ First Presentation of Multiple Dependent Claims

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 60-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 110.00 is attached in payment of:
CREDIT CARD ATTACHED FOR \$110 TERM DISCLAIMER FEE.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 60-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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1800 Diagonal Rd., Suite 370
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(703) 684-1120Date: November 29, 2004By: 

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